



# ANIMAL DISEASE & FOOD SAFETY LABORATORY SUBMISSION FORM

For Lab Use Only

Acc #: \_\_\_\_\_

Date Rec: \_\_\_\_\_

## Contact Information:

Veterinarian's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Ranch Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

## Specimen Information:

☐ Avian

☐ Bovine

Number in Herd: \_\_\_\_\_

Duration of Illness: \_\_\_\_\_

☐ Canine

☐ Caprine

Number Sick: \_\_\_\_\_

Date of Death: \_\_\_\_\_

☐ Equine

☐ Feline

Number Dead: \_\_\_\_\_

Euthanized? ☐ Yes ☐ No

☐ Porcine

☐ Ovine

Disease/Condition Suspected: \_\_\_\_\_

☐ Plant or Feed \_\_\_\_\_

Date Sample(s) Taken: \_\_\_\_\_ Date Shipped: \_\_\_\_\_

☐ Other \_\_\_\_\_

Shipping Company: \_\_\_\_\_

## Examination Requested:

☐ Histopathology

☐ Immunology

☐ Microbiology

☐ Necropsy

☐ PCR

☐ Plague

☐ Rabies

☐ Serology

☐ Toxicology

☐ Trich

☐ Virology

☐ Other \_\_\_\_\_

## History & Treatment:

[Clinical Signs, Nutrition, Housing, Vaccination, Production Level, Dates, Timeframes, etc.]

If this is an abortion, what was the fetal trimester? ☐ One ☐ Two ☐ Three

What is the age of the dam? \_\_\_\_\_

Signature of Submitter: \_\_\_\_\_ Date: \_\_\_\_\_

### **Reno AD&FSL**

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